

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

| | FILE NUMBER | |
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| TOTAL | PAGES IN ENTIRE CFA4 REI | PORT |
| | 8 | |

| COMMITTEE INFORM | ATION | | | | | |
|--|--|----------------------|--------------------|--|--|--|
| Full name of committee (as on Statement of Organization) Check if this is a new name | - / | | | | | |
| DAVE MIKESELL FOR WESTFIELD TOWN | | | | | | |
| Acronym or abbreviated name, if any | | elephone number | | | | |
| | | | or 896-5147 | | | |
| , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ck if this is a new | address | | | | |
| 120 E Maia St. | 0 D | | | | | |
| 5. City, state, ZIP code WESTFIELD, IN 46074 | 6. Party armiab | on (if applicable) | 27 | | | |
| CANDIDATE INFORMATION (For Candid | late's Commi | ttees Only) | | | | |
| 7. Full name of candidate (include any nickname) | - 4 | on or if independent | | | | |
| David D. Mikesell | | ublican | | | | |
| Office sought (Include district number, if any. Not required for exploratory committee.) | 10. County of re | | | | | |
| WESTFIELD TOWN COUNCIL - DISTRICT # 4 | Han | nilton | | | | |
| TYPE OF REPORT | | | ON CANDIDATES ONLY | | | |
| 11. Check one: | | Check one: | | | | |
| Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and | 20 must be "0") | Pre-Convent | | | | |
| Outgoing Treasurer (within 10 days amend Statement of Organization) | | ☐ Post-Conven | | | | |
| 12. Reporting period: | | COLUMN A | COLUMN B | | | |
| From: 1-1-2002 Through: 4-12-2002 | 3 | This Period | Year to Date | | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 0 | | | | |
| 14. Cash on hand and investments January 1, current year. | - | | | | | |
| CONTRIBUTIONS AND RECEIPTS | | | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions | rtions.) | 2000.00 | | | | |
| 15a. Itemized (use Schedule A) | - | | 3000,00 | | | |
| 15b. Uniternized | | 4440,00 | 9440,00 | | | |
| 15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | \$440,00 | \$440,00 | | | |
| EXPENDITURES | TOTAL STATE | | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | 1982,4 | 1982,14 | | | |
| 17b. Uniternized | | 90,00 | 90,00 | | | |
| • | SUBTOTAL | 2072,14 | 2072.14 | | | |
| 17C Add titles 17a and 17b in confederation | | 2367,86 | 2367.86 | | | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both column | ns) IUIAL | | | | | |
| 19. Debts OWED BY the committee (use Schedule D) | 19. Debts OWED BY the committee (use Schedule D) | | | | | |
| 20. Debts OWED TO the committee (use Schedule E) | | 0 | 常是人民主义和 | | | |

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| The second secon | 2002 AP 17 PM |



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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| 50,1939 | riplete this schedule. For | 100 11 |
| 1 00.55 | SEAL SECTIONS | |
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| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE RECEIVE |
|---|--|---------------------------------------|--|--------------------------|
| (street, number, city, state, ZIP code) | | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1. VENCE TALLESS & BUSSES WAS RECORDED A. INVENT COLD SHAPE AND | Contributions: Direct In-Kind (describe) | lie to averkos | elian bas sa | un Ees selt take |
| away unincetory will generally 0000 f 2" mask to be among whiteon when | Other Receipts: | asy mand oithir ei ma ka mallampuo | incrudes ordinal. | COUPATIO |
| Contributor's Occupation (if required) | ☐ Interest ☐ Loan ☐ Misc (specify) | district a social | When with | COGGISSOR IGH RORTANT |
| 2. Interestion on the second describes the gaserblu. Interestion ones. Do see specific as possible. | Contributions: Direct In-Kind (describe) | N OR OTHE | OFFGEROFINE e) pelavore es | VPE OF CC |
| illan, indisalas in-lind, impublistean or objet recepti for finis | Other Receipts: Interest □Loan Misc (specify) | IS PERIODA | METHUOM | porting period. |
| Contributor's Occupation (if required) | CALL DISTRICT CO. CO. C. | ST. C. ST. ST. ST. | W3.125-12-12-12-12-12-12-12-12-12-12-12-12-12- | |
| A emmod of writer sett as sense this side of | Contributions: Direct In-Kind (describe) | cin calendar | se to hege | |
| | nd year the contribution was seen | s wate Allocare | 4 table (0.51 | 19050 314 |
| of at deposited in an account. For usen contributions the best WOT when maked or deposited in an account. | Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) | cropey select, an cach le ac | io statuto edili be divi bavisciani e | |
| Contributor's Occupation (if required) | | etilinano si | I swind i Ye | G3A(20) |
| 4. Constitute A. If there is only one page of this Schedulo. | Contributions: Direct In-Kind (describe) | SCHEDUL L OF ALL FA | MS PAGE OF | T LATOTEL |
| | A ON THE LAST PAGE OF | DROBHDE | PAGES OF | LA TO MAIN |
| | Other Receipts: Interest Loan Misc (specify) | propi edi rem | ned-LA nuber | S popping S |
| Contributor's Occupation (if required) | _ | | | |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: | | | |
| Contributor's Occupation (if required) | _ | | | |
| SUB TO | TAL THIS PAGE OF SCHEDULE A JLE A ON THE LAST PAGE ONLY | s 0 | | |



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| Page | 3 | of | 8 | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING | TYPE OF CONTRIBUTION | COLUMN A | | |
|---|---|-----------------------|--------------|-------------|
| ADDRESS (street, number, city, state, ZiP code) | OR OTHER RECEIPT | AMOUNT THIS PERIOD | YEAR-TO-DATE | RECEIVED BY |
| R.D. J. Custom Homes INC | Contributions: Direct In-Kind (describe) | 5M = | 500,00 | D. mi kesey |
| 21290 Schully Rd Noblesville, IN 46060 | Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) | σω, | 320, | 3-25-02 |
| 2 | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest □ Loan Misc (specify) | | | |
| 3. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: | | | |
| 4 | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: | | | |
| s | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest I Loan Misc (specify) | | | |
| | | 5 000 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A C (Enter total on ITEM 15a of the Summary S | Theet) | 500" | | |



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipt

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| | FILE | NUMBER | |
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| Page | 4 | of _5/ | 2.0 |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE RECEIV |
|---|---|---|---|--|
| (street, number, city, state, ZIP code) 1. HOME PAC | Contributions: | PERIOD | YEAR-TO-DATE | RECEIVED B |
| HOME PAC POBOX 44670 Indianapolis IN 4629 | Other Receipts: Interest □Loan Misc (specify) | 2500= | 2500- | met ee |
| 2 | Contributions: Direct In-Kind (describe) | COM EXPENSES AS | eutora auti jes | Breston Breston |
| page, it is imperative to that the fall name of the significate appropriate how Por invited constitutions describe that it mailtogs, sire.). For "majoratureous", but so specific on the | Other Receipts: Interest □Loan Misc (specify) | E ganeros no BO MOTTUS as dous) basis | STMOO RO SELECTION RO SELECTION RO | BRYT Bunnet |
| ck contribution, including institut, branaface as or other receipt. | Contributions: Direct In-Kind (describe) | NT THIS PE | JORGA A HIS | ULIDO miliogen |
| A Column B is the same as the antry in Colum | Other Receipts: | av avitA. | AN B CUMA year-to-date. Bret rapper | COLUMN CO |
| 4. A consider or depreciped in an account. For outs consider as also are mainted in an existence of depositing in an an | Contributions: | Militanto Aporto No finante Lavi | till bevison en dom om reco | ETAG November |
| the pas dage of Schoole A. If there is only one page of the Sch. A | Other Receipts: | ENLA DE SCI AGE OF SCI INCTOTAL O | VED BY THIS P | Taue Taue |
| 5. State Court to the CAST PAGE STATE CAST PAGE STATE | Contributions: | UC 30 Ede | ASL PA | ATOT eq 3o to |
| | Other Receipts: | | | |
| SUB TOTAL | L THIS PAGE OF SCHEDULE A | \$ 2500 | | |
| TOTAL OF ALL PAGES OF SCHEDUL! (Enter total on ITEM 15a of the Summa | E A ON THE LAST PAGE ONLY ary Sheet) | 25000 | | |



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(CFA-4 SCHEDULE B) Itemized Expenditures

| | FILE | NUM | BER | |
|------|------|------|-----|--|
| | | | | |
| Page | 5. | of _ | 8 | |

INSTRUCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17s of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, If regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | OFFICE SOUGHT (if applicable | and | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|------------------------------|--|-----------------------------------|--|------------------------|
| BTS Promotions and | Compagn Promo | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other | 1146 75 | 114675 | 3-23-02 |
| No Glesville, IN 4606 | MA | Purpose: Campasan material | | | |
| CAVE & Company | Printer | ÖDirect ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ | 42539 | 835,39 | 2-14-07 |
| CAVE & Compray Printing 104 4 main Westfield In 4653 | ~/s | Purpose: Printing Campaiga malain | | 035,77 | 3-17-02 |
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| Code | | Direct In-Kind Payment of Debt Returned Contribution Other | | | |
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| code | | □ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other | | • | |
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| | SUB TOTAL THIS | S PAGE OF SCHEDULE B | \$ 1982 19 | | |
| | PAGES OF SCHEDULE B OF | N THE LAST PAGE ONLY | \$ 198214 | | |



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(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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|--------------|-----|--------|-----|--|
| | | | | |
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| Page | 6. | of | 8 | |

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be idemized on this schedule.

(Enter total on ITEM 17a of the Summary Sheet)

| Enter Text of Public Question | | PUBLIC QUESTION INFORMATION | | | |
|---|------------------------|---|-----------------------------------|--|-----------------------|
| Little lext of Lubio Question | | | | | |
| Type of Question: ☐ Statewide ☐ Loc Position: ☐ Supported ☐ Opposed | al | | | | |
| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF EXPENDITURE | PURPOSE OF EXPENDITURE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITUR |
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| TOTAL OF ALL | PAGES OF SO | CHEDULE C ON THE LAST PAGE ONLY | | | |



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

| | FIL | ENUME | BER | |
|------|-----|-------|-----|---|
| | | *. | | |
| Page | 7 | of _ | 8 | . |

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS. (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT NATURE OF DEBT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|--------------------------|-----------------------|------------------------------------|---------------------------------------|
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| ENGERS OCCUPATION: | | | | | |
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

| 思想職 | FILE | ENUMBER | |
|--------|------|---------|--|
| | | | |
| Page _ | 4 | of | |

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

| BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code) | ORIGINAL AMOUNT NATURE OF DEBT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCETHIS PERIOD : |
|--|--|--|-----------------------|------------------------------------|---|
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| ٠. | TOTAL OF AI (Enter total o | LL PAGES OF SCHEDULE E n ITEM 20 of the Summary S | ON THE LAST Sheet) | PAGE ONLY | 0 |